

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)**

SERIAL NO.

10/517722

FILING DATE

APPLICANT(S)

12/10/04 4-1-CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	/
2				/		/
3				/		/
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TOTAL IND.			3		2	
TOTAL DEP.			8		14	
TOTAL CLAIMS			11		16	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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